CT-4A State Form 46862 (R3/05-07)

CIG LICENSE #

INDIANA CIGARETTE TAX STAMP ORDER

Mail to: Overnight or Certified Mail:

Indiana Department of Revenue Indiana Department of Revenue

ATTN: CIG TAX ATTN: CIG TAX Post Office Box 901 5150 Decatur Blvd.

111014114100115. 111014114 40200-0701 111014114100115. 111014114 40241	Indianapolis	Indiana 46206-0901	Indianapolis.	Indiana 46241
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If you have questions about this form please call 317-615-2564. You may also email orders to: INCiaTay@dor in gov

For Office Use Only						
Inv. Number:						
Process Date:						
Invoice Date:						
CIG# Exp. Date:						

DATE:	If you have questions about this form please call 317-615-2564. You may also email orders to: INCigTax@dor.in.gov						
Quantity	# of Stamps		Description	Processed by:	Price		<u>Amount</u>
			0M 99.5¢ Stamps, 20 Cigarettes		•		
1	I	Serial Nos.			¢20.950.00	man ra11	A
<u>1</u> enter # of rolls <i>30,000 stamps per roll</i>					\$29,850.00	per ron	<u>A</u>
50,000 sumps per rou		Sheets of 150 99	9.5¢ Stamps, 20 Cigarettes (WIDES)	_[
		Serial Nos.					
2 enter # of sheets					\$149.25	per sheet	<u>B</u>
150 stamps per sheet		Fuson Stamm	os, 99.5¢ per stamp, 20 Cigarettes				
		Serial Nos.	ss, >>.o+ per stamp, 20 engarettes				
<u>3</u> enter # of stamps					\$0.995	per stamp	<u>C</u>
Number must be divisible by 300		5000 01	2.2.2.2				
		Serial Nos.	.24375 Stamps, 25 Cigarettes				
4 enter # of rolls		Sellai NOS.			\$8,955.00	per roll	D
7200 stamps per roll/10 stamps per row	<u> </u>	_			, , , , , , , , , , , , , , , , , , ,	1	<u> </u>
			1.24375 Stamps, 25 Cigarettes	·			
5 enter # of rolls	1	Serial Nos.			\$8,955.00	per roll	<u>E</u>
7200 stamps per roll/12 stamps per row					\$6,933.00	per ron	<u> </u>
Total Number of Stamps Ordered:		L		<u>, </u>	(Gross Tax Total:	F
	1	_		Discount: \$0.0		mber of stamps:	<u>=</u> <u>G</u>
				Δ15000111. ψ0.0	12 A total IIa	Net Tax Total:	<u>u</u> <u>H</u>
Cigarette Papers: \$12.00 per 100 sheet (no discount) Bad Debt Credit (Please attach necessary forms):							
Cigarette i apeis. \$12.00 p	ci 100 sheet (Serial Nos.	Dau I	Debt Credit (11		Total	<u>1</u>
	¢12.00	Jeriai 1 (os.			Cimana		
6 enter # of sheets	x \$12.00				Cigare	tte Papers Total	<u>K</u>
			Indicate Payment Met	had	Chinning (1	IDC Cround)	Т
Name of Company			•		Snipping (UPS Ground):	our account to ship, leave blank
Ivalic of Company			Payment enclosed				
			Authorized 30 Day Credi	t:		Total Amount:	<u>M</u>
Shipping Address		_					
				<u>S</u>	HIPPING (<u>OPTIONS</u>	
City	State	Zip	If you wish to use your company's shipping account please enter the account number below				
			and specify service you wish to use. i.e. UPS Next Day Air, or FedEx Priority Overnight				
Authorized Email Address			FedEx	x:			
			1 (01)	Acct #		Service	_
			UPS			1	
Name, Title, and Phone Number (direct of	or include ext #) of	Authorized Purchaser	OFS	Acct #		Service	
				ALLI #		Delaice	